LO SIMENSTAD NUI	SING UNIT			
301 RIVER STREET	T, BOX 218			
OSCEOLA	54020 Phone: (715) 294-5641		Ownershi p:	Nonprofit Church-Related
Operated from 1	/1 To $12/31$ Days of Operation:	366	Hi ghest Level Li cense:	Skilled
	nction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds S	Set Up and Staffed (12/31/00):	40	Title 18 (Medicare) Certified?	No
Total Licensed I	Sed Capacity (12/31/00):	40	Average Daily Census:	40
Number of Reside	ents on 12/31/00:	40		

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year 1 - 4 Years	27. 5 42. 5
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	2. 5 37. 5	Under 65 65 - 74	0. 0 7. 5	More Than 4 Years	30. 0
Respi te Care	No	Mental Illness (Other)	2. 5	75 - 84	25. 0		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & 0ver	55. 0 12. 5	Full-Time Equivalen	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	5. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	si dents
Other Meals	No No	Cardi ovascul ar Cerebrovascul ar	15. 0 17. 5	65 & 0ver	100. 0	RNs	16 0
Transportation Referral Service	No	Di abetes	5.0	Sex	%	LPNs	16. 8 5. 0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	5. 0 10. 0	 Male	20. 0	Nursing Assistants Aides & Orderlies	46. 7
Mentally Ill Provide Day Programming for	No		100. 0	Female	80. 0		
Devel opmental ly Di sabled	No	 	*****		100.0	 	****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pri va		ri vate	vate Pay		Managed Care			Percent		
	Per Diem		m	Per Diem		n	Per Diem			Per Diem		Per Diem Total		Of All			
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	26	89. 7	\$119.08	0	0.0	\$0.00	10	90. 9	\$108.00	0	0.0	\$0.00	36	90.0%
Intermedi ate				3	10.3	\$96. 67	0	0.0	\$0.00	1	9. 1	\$93. 50	0	0.0	\$0.00	4	10.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		29 1	00.0		0	0.0		11	100.0		0	0.0		40	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 5.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 35. 3 Baťhi ng 2. 5 87. 5 10.0 40 Other Nursing Homes 17.6 Dressi ng 15.0 **75. 0** 10. 0 40 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng **55. 0** 40 0.0 35.0 10. 0 22.5 20.0 40 0.0 Toilet Use 57. 5 0.0 Eating **85.** 0 10.0 5. 0 40 Other Locations 41.2 Total Number of Admissions Continence Special Treatments 17 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 17. 5 Private Home/No Home Health 13.3 Occ/Freq. Incontinent of Bladder 70.0 0.0 Private Home/With Home Health Occ/Freq. Incontinent of Bowel 0.0 6. 7 17. 5 Other Nursing Homes 0.0 2. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 0.0 Mobility Physically Restrained 2.5 22.5 6. 7 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 2. 5 Deaths 73.3 With Pressure Sores Have Advance Directives 90.0 Total Number of Discharges With Rashes Medi cati ons 7.5 Receiving Psychoactive Drugs 15 47.5 (Including Deaths)

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	Al l		
	Facility	Based Facilities	Faci	lties	
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	87. 5 1. 14	84. 5	1. 18	
Current Residents from In-County	67. 5	83. 6 0. 81	77. 5	0.87	
Admissions from In-County, Still Residing	52. 9	14. 5 3. 65	21. 5	2.46	
Admissions/Average Daily Census	42. 5	194. 5 0. 22	124. 3	0.34	
Di scharges/Average Daily Census	37. 5	199. 6 0. 19	126. 1	0.30	
Discharges To Private Residence/Average Daily Census	7. 5	102. 6 0. 07	49. 9	0. 15	
Residents Receiving Skilled Care	90. 0	91. 2 0. 99	83. 3	1.08	
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7	1. 14	
Title 19 (Medicaid) Funded Residents	72. 5	66. 7 1. 09	69. 0	1.05	
Private Pay Funded Residents	27. 5	23. 3 1. 18	22. 6	1. 22	
Developmentally Disabled Residents	2. 5	1.4 1.83	7. 6	0. 33	
Mentally Ill Residents	40. 0	30. 6 1. 31	33. 3	1. 20	
General Medical Service Residents	10. 0	19. 2 0. 52	18. 4	0. 54	
Impaired ADL (Mean)*	40. 0	51. 6 0. 78	49. 4	0.81	
Psychological Problems	47. 5	52. 8 0. 90	50. 1	0. 95	
Nursing Care Required (Mean)*	6. 6	7. 8 0. 84	7. 2	0. 92	